TRANSPORTATION CABINET DEPARTMENT OF VEHICLE REGULATION Division of Motor Vehicle Licensing Frankfort, Kentucky 40622

Notice	To County Clerk Of \	ehicle Acquisitic	n	
	NAME OF DEALER ACQUIR	ING VEHICLE		
			.Ky.	
Name of Dealer	Address	City		Zip
Dealer Number	Fed. ld.	Birth Month		
	VEHICLE DESCRIP	TION		
Vehicle Identification Number	Year/Make		Mileage	
Model	Current Title No.	Current Pla	te	Current Deca
	NAME OF PREVIOUS	OWNER		
Previous Owners Name	Address	City	State	Zip
Dealer Number (if Dealer)				
hereby certify that the above described vehicle has	been acquired by the above dealership ar	nd per KRS 186A.220 all records	shall indicate the t	ransfer to same.
Dealer Signature		Title		Date

IMPORTANT!

KRS 186A.220 requires this form to be completed and submitted to the county clerk within 15 days after acquiring a vehicle for which a Kentucky licensed motor vehicle dealer does not apply for title in their name.

Not to be used for conveyance or transfer of vehicle

FOR USE BY LICENSED KENTUCKY DEALERS ONLY